

APPLICATION for Safe Home and LeadSafe Charlotte FY2022

(Must be received no later than November 25, 2020 at 5 pm. Completion of the Application Does Not Guarantee Service)

ADDRESS _____

OWNER NAME _____ CONTACT NUMBER _____

ADDITIONAL OWNER OR AUTHORIZED CONTACT NAME _____

ADDITIONAL OWNER OR AUTHORIZED CONTACT NUMBER _____

Email address _____

Please circle yes or no when prompted and complete all other fields. Incomplete applications will not be considered.

If you need help completing the application, please call 704-336-7844

Yes / No	Is the property located within the City limits of Charlotte?
Yes / No	Is the property located in a Flood plain? (Leave blank if unknown)
Yes / No	Has owner lived in unit at least 1 year?
Yes / No	Do you have ownership rights to the property? If Multiple Owners: will all owners must agree to the terms of the program? YES NO
Total Number of people that live in the house: _____ Adults over 62: ____ Other Adults: ____ Children (under 6): ____ Children (6-17) _____	
Full time college students: ____ Disabled Persons ____ Veterans ____ Disabled Veterans ____	
Yes / No	Does owner have Homeowners Insurance (circle one): If no, Why? 1) Did not purchase insurance <u>or</u> 2) Cannot get the home insured due to condition of the home
Yes / No	Has Insurance Company been contacted to determine if the emergency is covered by insurance?
Yes / No	Is the home under code enforcement action? Code Inspector Name _____
LEADSAFE CHARLOTTE	
Yes / No	Home Built before 1978?
Yes / No	Is there a child under 6 living in the home?
Yes / No	Is anyone living in the home pregnant?
Yes / No	Are there any frequently visiting children under the age of 6?
Yes / No	Has the City previously done a lead based paint inspection?

Gross Income Estimate Page 2 of 3

List all income sources before taxes for all household members living in the home. All residents 18 years old and older are subject to a criminal background check prior to application approval. Attach additional income information using a copy of the application. Upon preliminary approval, additional Information will be required. Signature acknowledges applicant has read and agrees to The Program Information and Assistance Policy for Safe Home and LeadSafe Charlotte.

	Owner	Household Member # 2	Household Member # 3	Household Member # 4
Name/Social Security Number				
Salary				
Tips, bonuses, Commissions, fees and or Overtime Pay				
Social Security Income				
Retirement or Pension Funds payments				
Unemployment Benefits /Worker's Compensation				
Cash gifts/stipends exceeding \$200 a month				
Net income from a business and or rental property				
Alimony, Child Support				
Welfare Payments for Rent or Utilities				
Savings /Checking Accounts				
Checking Account				
Stocks, Annuities				
Other Income				
Total Income - indicate per YEAR				

Signature- Page 3 of 3 – Application for Emergency Repair

I/we understand that North Carolina Statute provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for income verification related to deciding of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record. **The City reserves the right to conduct criminal background checks on household members.** Criminal convictions may not necessarily disqualify you from the program.

All members of the household over the age of 18 must sign the application below.

Owner's Signature: _____ Date: _____

Household Member # 2: _____ Date: _____

Household Member # 3: _____ Date: _____

Household Member # 4: _____ Date: _____

How did you hear about the program?

___ Church (name) _____

___ Friend (name) _____

___ Radio Station (name) _____

___ Community Center (name) _____

___ TV

___ Other _____